

<i>SERFF Tracking Number:</i>	<i>AMRS-125765037</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CW-GL-08-08-F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>COMMERCIAL GENERAL LIABILITY</i>		
<i>Project Name/Number:</i>	<i>ADOPTION OF NEW & WITHDRAWN FORMS/AR-CW-GL-08-08-F</i>		

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY		
Product Name: COMMERCIAL GENERAL LIABILITY	SERFF Tr Num: AMRS-125765037	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0001 Commercial General Liability Co	Tr Num: AR-CW-GL-08-08-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Dacia Owens	Disposition Date: 08/11/2008
	Date Submitted: 08/07/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: ADOPTION OF NEW & WITHDRAWN FORMS	Status of Filing in Domicile:
Project Number: AR-CW-GL-08-08-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/11/2008	
State Status Changed: 08/11/2008	Deemer Date:
Corresponding Filing Tracking Number: AR-CW-GL-08-08-F	
Filing Description:	
As authorized Commercial General Liability Insurers in your jurisdiction, Amerisure Mutual Insurance and Amerisure Insurance Companies wish to propose the following new optional Company Endorsements for your review and approval:	

SERFF Tracking Number: AMRS-125765037 State: Arkansas
 First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50
 COMPANY, ...
 Company Tracking Number: AR-CW-GL-08-08-F
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: COMMERCIAL GENERAL LIABILITY
 Project Name/Number: ADOPTION OF NEW & WITHDRAWN FORMS/AR-CW-GL-08-08-F

Designated Insured - Ownership Interest In Described Premises - CG 71 81 03 08

Aircraft Products And Grounding Exclusion Including Contractual Limitation - CG 71 82 03 08

Should you need any additional information to complete your review of this filing, please do not hesitate to let me know.

Company and Contact

Filing Contact Information

Dacia Owens, COMPLIANCE ANALYST II dowens@amerisure.com
 26777 HALSTED RD. (800) 257-1900 [Phone]
 FARMINGTON HILLS, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE	CoCode: 23396	State of Domicile: Michigan
COMPANY		
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-0829210	

AMERISURE INSURANCE COMPANY	CoCode: 19488	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-1869912	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No

<i>SERFF Tracking Number:</i>	<i>AMRS-125765037</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>COMPANY, ...</i>		
<i>Company Tracking Number:</i>	<i>AR-CW-GL-08-08-F</i>		
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<i>Project Name/Number:</i>	<i>ADOPTION OF NEW & WITHDRAWN FORMS/AR-CW-GL-08-08-F</i>		
Fee Explanation:	\$50 per filing submission (X) 1 submission = \$50		
Per Company:	No		

SERFF Tracking Number: AMRS-125765037 State: Arkansas
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COMPANY, ...
Company Tracking Number: AR-CW-GL-08-08-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: COMMERCIAL GENERAL LIABILITY
Project Name/Number: ADOPTION OF NEW & WITHDRAWN FORMS/AR-CW-GL-08-08-F

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMERISURE MUTUAL INSURANCE	\$50.00	08/07/2008	21831357
COMPANY			
AMERISURE INSURANCE COMPANY	\$0.00	08/07/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

SERFF Tracking Number:	AMRS-125765037	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE	State Tracking Number:	EFT \$50
	COMPANY, ...		
Company Tracking Number:	AR-CW-GL-08-08-F		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	COMMERCIAL GENERAL LIABILITY		
Project Name/Number:	ADOPTION OF NEW & WITHDRAWN FORMS/AR-CW-GL-08-08-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/11/2008	08/11/2008

SERFF Tracking Number: *AMRS-125765037* *State:* *Arkansas*
First Filing Company: *AMERISURE MUTUAL INSURANCE* *State Tracking Number:* *EFT \$50*
 COMPANY, ...
Company Tracking Number: *AR-CW-GL-08-08-F*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *COMMERCIAL GENERAL LIABILITY*
Project Name/Number: *ADOPTION OF NEW & WITHDRAWN FORMS/AR-CW-GL-08-08-F*

Disposition

Disposition Date: 08/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: AMRS-125765037 State: Arkansas

First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50
COMPANY, ...

Company Tracking Number: AR-CW-GL-08-08-F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: COMMERCIAL GENERAL LIABILITY

Project Name/Number: ADOPTION OF NEW & WITHDRAWN FORMS/AR-CW-GL-08-08-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Designated Insured - Ownership Interest	Approved	Yes
Form	In Described Premises		
Form	Aircraft Products And Grounding	Approved	Yes
	Exclusion Including Contractual Limitation		

SERFF Tracking Number: AMRS-125765037 State: Arkansas

First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50
COMPANY, ...

Company Tracking Number: AR-CW-GL-08-08-F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: COMMERCIAL GENERAL LIABILITY

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Designated Insured - Ownership Interest In Described Premises	CG 71 81	03 08	Endorsement/Amendment/Conditions	New	0.00	CG 71 81 03 08.pdf
Approved	Aircraft Products And Grounding Exclusion Including Contractual Limitation	CG 71 82	03 08	Endorsement/Amendment/Conditions	New	0.00	CG 71 82 03 08.pdf

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED - OWNERSHIP INTEREST
IN DESCRIBED PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

All other Terms and Conditions Remain Unchanged.

SCHEDULE

- 1. Name of Person(s), Organization(s) or Trust(s)**

- 2. Description of Premises owned by the person(s), organization(s) or Trust(s) named in this Schedule**

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the "executive officers, directors, organization(s) or trust(s) named in item 1. of this Schedule for their liability arising out of the ownership, maintenance or use of the premises shown in item 2. of this Schedule.

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of the ownership, maintenance or use of the premises shown in item 2. of this Schedule.

Includes copyrighted material of Insurance Services Office, Inc.

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

**AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION
INCLUDING CONTRACTUAL LIMITATION**

This endorsement modifies the insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

All other terms and conditions remain unchanged.

A. SECTION I – COVERAGES

COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY and COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY are modified to add the following Exclusion to 2. Exclusions.

Aircraft Products and Grounding Hazard

This insurance does not apply to “bodily injury” or “property damage” arising out of the “aircraft products hazard” or the “aircraft grounding hazard”.

B. SECTION V – DEFINITIONS. The following definitions are added:

1. “Aircraft products hazard” means:

a. (1) The:

- (a) Manufacture;
- (b) Sale;
- (c) Handling;
- (d) Distribution;
- (e) Inspection;
- (f) Maintenance;
- (g) Servicing;
- (h) Processing;
- (i) Coating;
- (j) Repair; or
- (k) Rebuilding;

(2) Of:

- (a) Aircraft or “ground equipment”;
 - (b) Any article or part installed in aircraft or “ground equipment” or used in connection with either; or
 - (c) Ground handling tools.
- b. Plans, specifications, opinions, surveys, designs, recommendations or advice relating to any article or part installed in or used in connection with aircraft or “ground equipment”.
- c. Training aids, instructions and manuals relating to the operations, inspection, maintenance, servicing, repair, or rebuilding of aircraft or “ground equipment”.

Includes copyrighted material of Insurance Services Office, Inc.

2. "Aircraft grounding hazard" means the withdrawal from service of one or more aircraft or "ground equipment" because of any suspected or known defects.
3. "Ground equipment" means ground support and ground control equipment.

C. SECTION V – DEFINITIONS.

DEFINITION 9. "Insured Contract". The first paragraph of f. is deleted and replaced by the following:

- f. That part of any contract or agreement pertaining to your business (including an indemnification of a municipality) under which you assume the tort liability of another, other than the tort liability arising out of the "Aircraft Products Hazard" or the "Aircraft Grounding Hazard" as defined above, to pay damages because of "bodily injury" or "property damage" to a third person or organization if the contract or agreement is made prior to the "bodily injury" or "property damage". Tort Liability means a liability that would be imposed by law in the absence of any contract or agreement.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/11/2008

Comments:

Attachment:
industry_rates_PCtransDoc_intelligent[1].pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	